Maryland Health Care Commission

Thursday, October 17, 2019

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Upper Eastern Shore Home Health Agency Review
   A. Amedisys Maryland, L.L.C. d/g/a Amedisys Home Health (Docket No. 18-R1-2424)
   B. BAYADA Home Health Care, Inc. (Docket No. 18-R1-2425)
   C. Optimal Health Care, Inc. (Docket No. 18-R1-2426)

4. **ACTION:** Certificate of Need – Gaudenzia-Crownsville Establishment of Alcoholism and Drug Abuse Treatment Intermediate Care Facility (Docket No. 18-02-2421)

5. **ACTION:** Study of Mortality Rates of African American Infants and Infants in Rural Areas: Final Report

6. **ACTION:** School-Based Telehealth Workgroup Updated Recommendations

7. **PRESENTATION:** Health Information Exchange Consent Management Tool Development

8. **PRESENTATION**: MPSC - Designation Agreement Update

9. **OVERVIEW OF UPCOMING ACTIVITIES**

10. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

APPROVAL OF MINUTES

(Agenda Item #1)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

(Agenda Item #2)

MARYLAND HEALTH CARE COMMISSION

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(Agenda Item #4)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Study of Mortality Rates in African American Infants and Infants in Rural Areas: Final Report

(Agenda Item #5)

Study of Mortality Rates of African American Infants and Infants in Rural Areas

October 17, 2019

MHCC | MARYLAND HEALTH CARE COMMISSION

Presentation Overview

- Background on Study
- Key Findings
- Review of Changes in Draft
- Recommendations
- Discussion

MHCC | MARYLAND HEALTH CARE COMMISSION

Background on Study

- Legislatively mandated study with 6 required topics.
- 3 literature reviews (UMD & MHCC Staff)
  - Epidemiology/ “factors”
  - Programmatic Interventions
  - Cost related to poor birth outcomes
- Inventory of Maryland Programs w/ Interviews of some program Leaders
- Interviews related to Community Health Workers
- Analysis of Maryland Vital Statistics Data
- Stakeholder workgroup

MHCC | MARYLAND HEALTH CARE COMMISSION

Key Findings

- Infant mortality (IM) rates have decreased, but racial and geographic disparities persist.
- Regardless of geographic area, infant mortality among Black non-Hispanic infants is consistently higher than other groups.
- The infant mortality rate in Maryland is higher than the US rate, but the infant mortality rate for black non-Hispanic infants is lower than the US rate.
- Infant mortality in Black non-Hispanic infants in rural counties did not improve recently, while Black non-Hispanic infants in urban settings held steady. White non-Hispanic rates are similar regardless of geography.
- Regardless of risk factor (hypertension, obesity, smoking, breastfeeding, etc.), African American infants have a higher risk of death than white infants.

MHCC | MARYLAND HEALTH CARE COMMISSION

Review of Changes in Draft

- **Data:** Cautionary language about data analysis added (correlation ≠ causation); increased emphasis on findings from the national literature review. Added appendix with perinatal periods of risk analysis and more geographic-specific data.
- **Areas for future study:** This draft includes suggestions for future study. Some items that had been included in recommendations were moved to this section.
- **Recommendation 6:** Shifted focus from "Baby friendly hospitals" designation to Maryland Best Practices, which are less costly to implement and maintain.
- **Recommendation 13**: Clarification of potential role of permanent council

MHCC MARYLAND HEALTH CARE COMMISSION

Recommendations

13 recommendations, arranged in three themes:

1. Care Coordination
2. Expanding and Enhancing Access and Utilization of Services
3. Need for a Sustained and Centralized Focus on Infant Mortality

MHCC MARYLAND HEALTH CARE COMMISSION

Theme: Care Coordination (1/2)

1: Improve existing care coordination processes and tools.

2: Care coordination should include programs to address social determinants of health outcomes, including the impact of racism and bias.

3: Implement rigorous implicit racial bias training in relevant health care providers' education and clinical practices.

4: Strengthen coordination of care by assessment and referral to necessary mental health and substance use disorder treatment programs

MHCC | MARYLAND HEALTH CARE COMMISSION

Theme: Care Coordination (2/2)

5: Improve continuity of care

6: Increase adoption of breastfeeding prior to hospital discharge and support continuation through the first year of life.

7: Health care providers, community health workers, and other organizations should enhance patient education on pregnancy spacing.

MHCC MARYLAND HEALTH CARE COMMISSION

Theme: Expanding and Enhancing Access and Utilization of Services (1/2)

8: Expand home visiting programs throughout the State as a cornerstone in the effort to improve maternal and infant health and reduce infant mortality and disparities.

9: Increase adoption of evidence-based group prenatal care programs.

10: Enhance the use of telehealth to provide care in rural communities.

MHCC | MARYLAND HEALTH CARE COMMISSION

Theme: Expanding and Enhancing Access and Utilization of Services (2/2)

11: State and local health agencies should invest in an infant mortality prevention health literacy initiative across sectors to create an informed and activated community of residents, health and social service providers and facilities.

12: Continue investment in safe sleep education and increase investment in safe sleep resources.

MHCC MARYLAND HEALTH CARE COMMISSION

Theme: Need for a Sustained and Centralized Focus on Infant Mortality

13: Establish a permanent council focused on disparities in infant mortality and maternal mortality

MHCC MARYLAND HEALTH CARE COMMISSION

Discussion

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

ACTION:

School-Based Telehealth Workgroup Updated Recommendations

(Agenda Item #6)

MARYLAND HEALTH CARE COMMISSION

MHCC Perspective

School-Based Telehealth Final Report

October 17, 2019

A Look Back

- Staff presented on recommendations proposed by the school-based telehealth workgroup (workgroup) at the September 19th Commission meeting
  - Discussed potential value and challenges of telehealth in schools
  - Reviewed recommendation focus areas (i.e., increasing awareness, privacy and security, policy development, and funding)
- Commissioners requested staff include perspectives about certain recommendations in the final report

Background

- The Senate Finance Committee (Committee) requested MHCC (2018) convene a stakeholder workgroup and develop recommendations for expanding telehealth in Maryland primary and secondary schools

- The workgroup met about monthly from May 2018 through August 2019 to consider potential pathways for diffusing telehealth in schools under the existing regulatory oversight framework within the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH)

- An interim report was previously submitted to the Committee (January 2019); a final report is due by November 2019

Workgroup Recommendations

1. Leverage telehealth champions from communities, such as parents/guardians, providers, teachers, and school administrators to promote awareness and build partnerships to advance telehealth in schools
2. Rely on federal privacy laws (HIPAA and FERPA) to protect student privacy; require schools to implement telehealth technology consistent with ATA technical standards
3. Leverage existing advisory groups with established programmatic responsibilities for school-based health centers (SBHCs), school health services (SHS), and special education program related services to recommend policies for school-based telehealth
4. Advance development of policies to support implementation of innovative approaches and meaningful use of telehealth in schools
5. Establish a grant fund available to school districts that implement telehealth in SBHCs, SHS, or special education program related services

MHCC Perspective

- Telehealth offers great potential to complement and expand schools' capacity to meet a range of student needs as it relates to somatic, behavioral health, and special education program related services
    - Resource constraints often limit schools' ability to provide certain services
- Telehealth can improve access to care, which is interdependent with educational outcomes

MHCC Perspective *(Continued)*

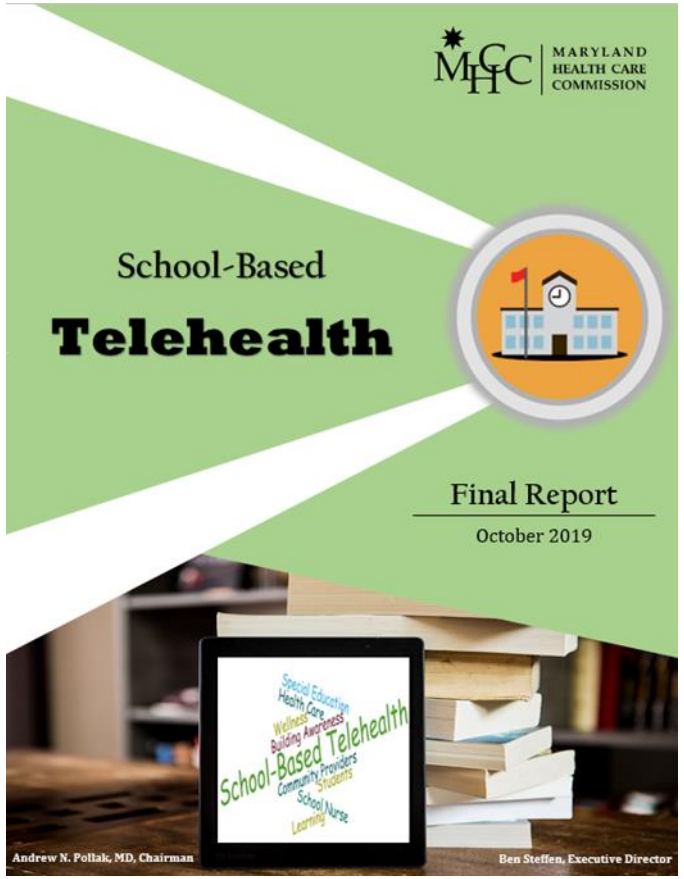
- Promoting the physical and emotional well-being of children is linked to cultivating and sustaining safe and healthy learning environments
- The recommendations provide a starting point to address fundamental challenges as it relates to school-based telehealth
- More work is needed to foster substantive policy changes that enable telehealth in schools to be integrated into the standard of care

MHCC Perspective *(Continued)*

- The Committee should consider legislation that requires MSDE, in consultation with MDH, to develop a five-year telehealth innovation strategy plan (plan)
- The plan should:
  - Consist of a practical approach to implementing telehealth technology in schools
  - Be innovative and support the core principles of the medical home
  - Include access to student health information available through the State Designated Health Information Exchange
- A permanent funding source in place of time-limited grants is key to advancing and sustaining telehealth in schools

Commission Action

- Staff recommends the Commission approve the final report for submission to the Senate Finance Committee



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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Health Information Exchange Consent Management Tool Development

(Agenda Item #7)

MARYLAND HEALTH CARE COMMISSION

Consumer Consent Management Tool

Electronic Health Information Exchange

Project Planning

October 17, 2019

Goal

Enable consumers to authorize access and disclosure of their electronic health information using an HIE web-based consumer consent management tool (tool)

National Activity – A Driver for States

- Provisions in the 21st Century Cures Act* promote interoperability and consumer engagement
- In February 2019, CMS and ONC issued proposed rules to support seamless and secure access, exchange, and use of electronic health information**
- MyHealthEData Interoperability Initiative, led by the White House Office of American Innovation with participation from the Department of Health and Human Services*** aims to give consumers more control over their health information

* *President Obama signed into law the 21st Century Cures Act in 2016, which aims to modernize aspects of biomedical research and health IT*

** *Supports the Trump Administration's Executive Order 13813, Promoting Healthcare Choice and Competition Across the United States, and intends to improve patient and provider access, exchange, and use of electronic health information*

*** *Participating agencies include: Centers for Medicare & Medicaid Services, Office of the National Coordinator for Health Information Technology, National Institutes of Health, and Department of Veterans Affairs*

Current Landscape

- Almost all health information exchanges (HIEs) require some version of consumer opt-out
  - More than 100 HIEs nationally; 10 operate in Maryland
- Consumers must opt-out or opt-in with each HIE and electronic health record (EHR) vendor that provides HIE services
- The Substance Abuse and Mental Health Services Administration (SAMHSA) developed a consent management and data segmentation application (Consent2Share – FEI Systems)
  - Complies with federal and State confidentiality and privacy laws
  - Allows consumers to consent to sharing their behavioral health information using a web-based application
  - Limited diffusion

Approach

- Design, development, and implementation of the tool through a collaborative effort that includes staff, the State Designated HIE (CRISP), and other stakeholders
  - A user-friendly application that supports a positive consumer experience supported by a registry that centralizes storage and management of electronic patient consents (opt-in/opt-out) that can be integrated with HIEs and select EHR vendors operating in the State
  - An application design that supports innovative use cases that are yet to be imagined (e.g., research)

Guiding Principles

- Open source standards-based technology that can connect to multiple operating systems where information can be managed within existing workflows
- Stakeholder engagement to inform development of the technical capabilities and policy considerations for the tool
- A privacy and security framework that gives consumers control of their electronic health information and builds trust (HIPAA and 42 CFR Part 2)
- User acceptability and convenience (exhaustive testing)
- Awareness and education to equip consumers with the knowledge and skills needed to build trust and maximize use of the tool

Key Activities – Preliminary Timeline

- Project planning – currently underway
- Convene stakeholders – first quarter 2020
  - Technology – CRISP's Technology Committee, consumers, and other HIEs
  - Policy – MHCC's HIE Policy Board (a staff advisory workgroup)
- Develop a tool prototype and conduct testing – third/fourth quarter 2020
- Go-live with the tool – first quarter 2021
- Develop a consumer and provider awareness strategy in collaboration with stakeholders – first/second quarter 2021

Thank You

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MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

MPSC – Designation Agreement Update

(Agenda Item #8)

Maryland's Patient Safety Center Designation Update

Theressa Lee, Director, Center for Quality Measurement and Reporting
October 17, 2019

Presentation Outline

- Background: Patient Safety Acts of 2001 and 2005
- Role of the MHCC and the HSCRC
- Role of MHA
- Moving Forward

Background: Maryland

- Patients Safety Act of 2001 - MHCC shall study the feasibility of developing a system for reducing the incidence of preventable adverse medical events in the State including but not limited to a system of reporting such incidents
- Preliminary study produced in 2002 recommended a three-pronged approach
  - MDH (OHCQ) strengthen mandatory reporting of adverse events resulting in death or serious disability
  - Promote voluntary reporting by hospitals, nursing homes, other facilities of adverse events and near misses; promote provider education
  - Promote data system and advanced technologies to improve care
- 2003 - the General Assembly gave Maryland's designated PSC medical review committee status making records, files etc. confidential and non-discoverable or admissible as evidence

Background: National

- Patients' Safety and Quality Improvement Act of 2005
  - Established Patient Safety Organizations (PSOs) nationally
  - Implemented by DHHS/Agency for Healthcare Research (AHRQ)
  - The goal of a PSO is to "improve quality and safety by reducing the incidence of events that adversely affect patients"
- The Mid-Atlantic PSO is the AHRQ designated PSO for Maryland
- The MPSC, Inc. is the parent organization of the component Mid-Atlantic PSO
- AHRQ designation to the Mid-Atlantic PSO expires October 2020

Role of MHCC and HSCRC

- Although the Maryland legislation enabled the creation of a PSC for Maryland, no funding provision was included. HSCRC agreed to provide seed funding through hospital rates. (HSCRC is currently reducing its funding commitment by 10% each year.)
- MHCC was given responsibility for designation of the Maryland PSC for a five-year period
- October 2003 - MHCC issued a solicitation to establish and maintain a PSC.
- January 2004 - MHCC awarded a no cost three year contract with two option years to the MHA and Delmarva as a collaborative initiative to support Maryland's PSC through 2009

Role of Maryland Hospital Association

- 2003-2009 MHA and Delmarva collaborated in the formation of the PSC
  - Affiliation between MHA and Delmarva sought to align PSC with Delmarva's work at the QIO in Maryland.
  - PSC occupied space at MHA headquarters.

- 2009 PSC incorporates as the Maryland Patient Safety Center, Inc. (MPSC, Inc.)
  - Delmarva ends affiliation with PSC
  - No direct affiliation with MHA

- 2010-2019 MPSC, Inc. continues to operate in the MHA building.

2009 Designation

- 2008 – Public Notice and Request for Expressions of Interest in becoming a PSC for Maryland published on MHCC website.
- 2009 – MHCC received a report from the PSC on its preceding five years of activity
- The Commission re-designated the MPSC, Inc. as Maryland's PSC in December 2009 for five years.

2014 Designation

- September 2014 – MHCC sought public comment on effectiveness of MPSC. Inc. and ideas for future initiatives. No comments received
- November 2014 - MHCC identified performance concerns for MPSC response which form basis of new MOU.
- Highlights of MOU between MHCC & MPSC, Inc.

  Submission of annual MPSC, Inc. operating plan that details current and proposed collaborations, programs and education initiatives

  Semi-annual reporting by MPSC, Inc. on its operations: proposed collaboration; active and proposed prevention initiatives; programs and educational offerings; and progress since last update including relative statistics and trend data

  Data sharing to enhance analysis, policy development, and reporting capabilities of either party (excludes data held by Mid-Atlantic PSO)

  Participation on MPSC, Inc. Board of Directors (Commissioner or staff)

- December 2014 – Commission re-designated MPSC, Inc. as Maryland's PSC through December 31, 2019,

Moving Forward

- MPSC, Inc. search for new leadership is underway
- May 2019 - HSCRC approved MPSC, Inc. funding for FY2020 and is considering addition collaborative activities
- Update on current MPSC, Inc. operations, initiatives and overall progress will be available in November
- Staff recommends release of RFI to assess interest from other entities in serving as Maryland's PSC
- Extend current designation period for 120 days to permit further review

http://healthcarequality.mhcc.maryland.gov/

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MARYLAND HEALTH CARE COMMISSION

OVERVIEW OF UPCOMING ACTIVITES

(Agenda Item #9)


ENJOY THE REST OF
YOUR DAY